

Assistant Secretary of Defense
(Force Management and Personnel)
(703)695-6800

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DEPARTMENT OF DEFENSE

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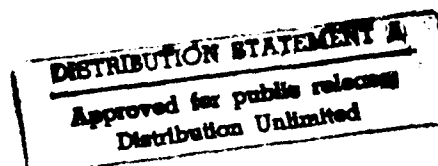
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OVERSEAS ASSIGNMENT OF SPONSORS WHO HAVE CHILDREN WITH DISABILITIES WHO ARE SPACE-REQUIRED STUDENTS IN THE DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

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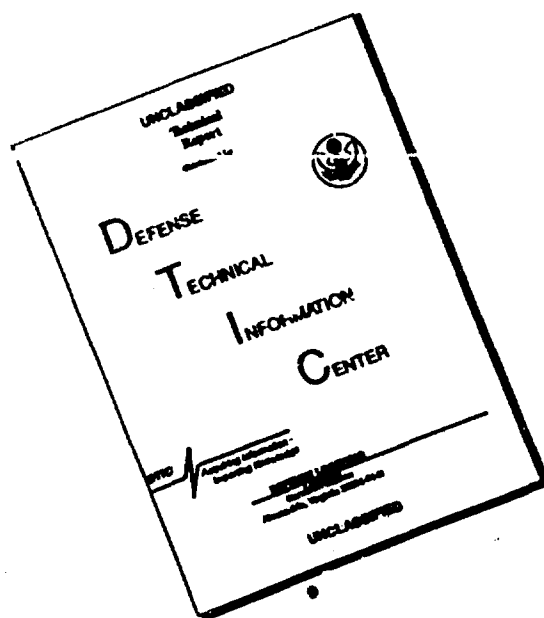


Assistant Secretary of Defense
(Force Management and Personnel)

Assistant Secretary of Defense
(Health Affairs)

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OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301

FOREWORD

This Regulation is issued under the authority of the Memorandum from the Secretary of Defense, SUBJECT: "Provision of Medically Related Services to Handicapped Dependents in Overseas Areas," September 16, 1983, and DoD Instruction 1010.13, "Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States," August 28, 1986. They prescribe procedures for the overseas assignment of sponsors who have children with educational disabilities who are space-required students in the Department of Defense Dependents Schools (DoDDS).

The Memorandum from the Deputy Assistant Secretary of Defense (Professional Affairs and Quality Assurance), Office of the Assistant Secretary of Defense (Health Affairs); the Deputy Assistant Secretary of Defense (Family Support, Education and Safety), Office of the Assistant Secretary of Defense (Force Management and Personnel); and the Assistant General Counsel of the Department of Defense (Personnel and Health Policy); SUBJECT: "DoD Instruction 1010.13, 'Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States,' August 28, 1986," October 20, 1986 is hereby canceled.

This Regulation applies to the Office of the Secretary of Defense (OSD); the Military Departments; the Chairman, Joint Chiefs of Staff and Joint Staff; the Inspector General of the Department of Defense (IG, DoD); the Defense Agencies; and the DoD Field Activities (hereafter referred to collectively as "the DoD Components") and to sponsors whose family members are space-required in the DoDDS. This Regulation also applies to the Coast Guard. (The Department of Transportation has agreed to such applicability when the Coast Guard is not operating as a Service of the Navy.)

This Regulation encompasses sponsors of children who are or are likely to be determined to be educationally disabled under DoD Instruction 1342.12, "Education of Handicapped Children in the DoD Dependents Schools," December 17, 1981, and who are or are likely to become entitled to receive special education in the DoDDS. When it refers to medically related services or related services of a medical nature, this Regulation applies only to services that are provided by a physician or under professional medical supervision either to evaluate a child's eligibility for special education or to implement a DoDDS student's Individualized Education Program. The Regulation does not apply to general medical care that is provided under Chapter 55 of title 10, United States Code. Such medical care is not required under DoD Instructions 1342.12 and 1010.13.

This Regulation also applies in the following circumstances:

1. Assignments to locations that are in an "overseas area," as that term is defined in Section 932(3) of title 20, United States Code. (This regulation does not apply to other areas, such as the continental United States (CONUS), Alaska, Hawaii, Puerto Rico and Guam), and
2. Assignments to a location in an overseas area where command-sponsored family travel is authorized, or
3. Assignments of Service members who are eligible for command-sponsorship of their family members to a duty location in an overseas area.

This Regulation is effective immediately, and is mandatory for use by all DoD Components.

Send recommended changes to the Regulation through channels to:

Assistant Secretary of Defense (Force Management and Personnel)
The Pentagon, Room 3E764
Washington, DC 20301-4000.

The DoD Components may obtain copies of this Regulation through their own publication channels. Other Federal agencies and the public may obtain copies from U.S. Department of Commerce, National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.

Christopher John

Assistant Secretary of Defense
(Force Management and Personnel)

Jack D. Lanie ADASD

Assistant Secretary of Defense
(Health Affairs)

JAN 16 1992

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TABLE OF CONTENTS

	Page
Foreword.....	i
Table of Contents	iii
References.....	v
Definitions.....	vi
CHAPTER 1 - GENERAL INFORMATION	
A. Purpose	1-1
B. Policy	1-1
C. Responsibilities	1-2
CHAPTER 2 - PROCEDURES FOR SCREENING AND EVALUATING CHILDREN OF MILITARY SPONSORS	
A. Screening	2-1
B. Evaluations	2-1
CHAPTER 3 - PROCEDURES FOR INTRA-MILITARY DEPARTMENT ASSIGNMENT OF MILITARY SPONSORS	
A. Initiating Assignments.....	3-1
B. Consummating Assignments	3-1
C. Overseas Notification	3-2
CHAPTER 4 - PROCEDURES FOR INTER-MILITARY DEPARTMENT ASSIGNMENT OF MILITARY SPONSORS	
A. Procedures	4-1
B. Records	4-1
CHAPTER 5 - PROCEDURES FOR THE OVERSEAS ASSIGNMENT OF EMPLOYEES	
A. Protection of the Rights of the Employee	5-1
B. Obtaining Information on an Employee's Child with a Disability	5-1
C. Notification of DoDDS POC.....	5-2
D. Alternative Job Offers	5-2

Page

**CHAPTER 6 - PROCEDURES FOR CORRECTING FAILURES TO
FOLLOW THIS REGULATION**

A. Notification	6-1
B. Reimbursement	6-1
C. Resolution of Disagreements	6-1

APPENDICES

A. Medical Information Required	A-1
B. Educational Information Required	B-1
C. Staffing Clusters	C-1
D. Areas of Responsibility for Medically Related Services and the POCS	D-1
E. DoDDS Regions and the POCS	E-1
F. Assignment of Military Sponsors	F-1

REFERENCES

- (a) DoD Directive 1315.7, "Military Personnel Assignments," January 9, 1987
- (b) DoD Instruction 1342.12, "Education of Handicapped Children in the DoD Dependents Schools," December 17, 1981
- (c) DoD Instruction 1010.13, "Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States," August 28, 1986
- (d) Title 10, United States Code
- (e) Assistant Secretary of Defense (Health Affairs) Memorandum, "Areas of Responsibility for the Provision of Medically Related Services," February 2, 1987
- (f) Acting Assistant Secretary of Defense (Health Affairs) Memorandum, "Areas of Responsibility for the Provision of Medically Related Services in the Department of Defense Dependents Schools (DoDDS) in Europe," July 20, 1989
- (g) Acting Assistant Secretary of Defense (Manpower, Installations & Logistics) Memorandum, "Provision of Transportation to Handicapped DoD Dependents Schools Students Under DoD Instruction 1342.12," May 23, 1985
- (h) DoD Directive 1342.13, "Eligibility Requirements for Education of Minor Dependents in Overseas Areas," July 8, 1982
- (i) Secretary of Defense Memorandum, "Provision of Medically Related Services to Handicapped Dependents in Overseas Areas," September 16, 1983
- (j) DoD Directive 5400.11, "Department of Defense Privacy Program," June 9, 1982
- (k) Title 5, United States Code

DEFINITIONS

1. **Accompanied Tour.** The tour length that is the longest at a specific overseas duty station where command-sponsored family members are authorized.

Accompanied tour normally means that a Service member is accompanied by command-sponsored family members. Also referred to as an "accompanied-by-dependents tour." (DoD Directive 1315.7 (reference ((a)).)

2. **All Others Tour.** The tour length that is authorized at a specific overseas duty station for Service members who are not accompanied by command-sponsored family members. (Note: also called "unaccompanied tour.")

3. **Command-Sponsored Family Members.** Family members of a Service member residing with the Service member at his or her duty station outside the CONUS, where the accompanied tour is authorized and the Service member is authorized to serve said tour, and where family members meet the following conditions:

a. Entitled to travel to the Service member's duty station at Government expense incident to the Service member's permanent change of station orders,

b. Are authorized by the appropriate authority to be at the Service member's duty station,

c. As a result of their residence in the vicinity of the Service member's duty station, entitle said Service member to station allowances at the "with dependents" rate (reference (a)).

4. **Educationally Disabled.** A child who is determined to be eligible for special education under DoD Instruction 1342.12 (reference (b)).

5. **Evaluations.** Medical, psychological, and educational assessments that are required to define a medical or educational condition suspected after a screening procedure.

6. **General Medical Care.** Care associated with the prevention, evaluation, and treatment of medical illnesses and disabilities (other than those of an educational nature) and not a medically related service under DoD Instructions 1342.12 and 1010.13 (references (b) and (c)). Under 10, U.S.C. (reference (d)), general medical care is provided to family members on a space-available basis.

7. **Individualized Education Program.** (IEP) A written document describing the special education and related services (including those of a medical nature) required by a child with an educational disability to participate in and benefit from his or her education. The IEP is further described in, and prepared under, reference (b).

8. **Pinpoint Location.** A specific location chosen for a sponsor's assignment

because it has both of the following:

a. A valid requirement for the sponsor's grade and military occupational specialty.

b. Availability of medical and educational staff necessary to provide special education and related services to the sponsor's child with an educational disability.

9. Receiving Military Department. The Military Department responsible for providing medically related services in the geographic areas assigned under references (e) and (f). (Note: also called "Responsible Military Department.")

10. Related Services of a Medical Nature. Medically related services as defined in DoD Instruction 1010.13 (reference (c).)

11. Related Services of a Non-Medical Nature Provided by a Medical Department. Transportation of a child with an educational disability to a site other than the student's school, usually a medical treatment facility, when he or she receives medically related services. Transportation includes all modifications, equipment, and precautions required by each student. In addition, when necessary, attendants must be assigned to vehicles transporting a student with an educational disability who requires assistance to be safely transported. Such transportation is an essential part of medically related services. (Memorandum from Acting Assistant Secretary of Defense (Manpower, Installations & Logistics) (reference (g).)

12. Responsible Military Department. The Military Department responsible for providing medically related services in the geographic areas assigned under references (e) and (f). (Note: also called "Receiving Military Department.")

13. School-Age Family Member. Any individual, birth to age 21, who has neither been graduated from high school nor received an alternative high school equivalency certificate and who, on the overseas assignment of the child's sponsor, is entitled to enroll in the DoDDS on a space-required basis under DoD Directive 1342.13 (reference (h)).

14. Screening. A process that identifies an individual who may have an educational condition that requires special education. Screening is the systematic use of a series of interview questions, review of medical and educational records, and/or direct examination of children. Screening is designed to find children who may have a condition requiring special education (including related services of a medical or nonmedical nature), and to refer and follow those children through evaluation and diagnosis. Screening does not provide a diagnosis, but instead requires referral for further evaluation to determine a diagnosis.

15. Sending Military Department. The Military Department responsible for the assignment of the Service Member.

16. Special Education. Specially designed instruction, at no cost to the child or parent, to meet the unique educational needs of a child with an educational disability, including education provided in a school, a home, a hospital, or in an institution. Also included are physical education programs and vocational education programs. (DoD Instruction 1342.12 (reference (b).) (Tuition and other fees for special education, including related services, may be charged for students enrolled in the DoDDS on a "tuition-paying" basis under DoD Directive 1342.13 (reference (h)).)

17. Sponsor. A Military Service member serving on active duty and stationed overseas or an employee of the Department of Defense who is employed on a full-time basis, paid from appropriated funds, and stationed overseas, and who is either a U.S. citizen or a person lawfully accorded the privilege of residing permanently in the United States as an immigrant, in accordance with U.S. immigration laws.

18. Staffing Cluster. A group of DoDDS personnel specially trained and experienced in providing individualized instruction to students with specific educational disabilities.

19. Unaccompanied Tour. The tour length that is authorized at a specific overseas duty station for Service members who are not accompanied by command-sponsored family members. (Note: also called "all others tour.") (DoD Directive 1315.7, reference (a).)

CHAPTER 1

GENERAL INFORMATION

A. PURPOSE

1. This Regulation establishes policy and procedures for the overseas assignment of Service members and DoD employees (who, by definition, are civilian personnel) who have children who are or are likely to be determined to be educationally disabled under DoD Instruction 1342.12 (reference (b)) and who, on assignment of their sponsor to an overseas area, shall be or are in a space-required status for education in the DoDDS (DoD Directive 1342.13 (reference (h))). Policy and procedures in this Regulation are intended to be consistent with reference (b) and DoD Directive 1315.7 (reference (a)) and DoD Instruction 1010.13 (reference (c)). To the extent this Regulation differs from those authorities, they shall govern.

2. Accurate screening and evaluation of school-aged family members before the overseas assignment of their sponsors shall enable the identification of sponsors who need additional consideration in the choice of assignment. If possible, assignments may then be made to locations where the DoDDS and the military medical departments have preestablished programs and staff, thereby resulting in more efficient use of resources.

B. POLICY

This Regulation establishes procedures that implement the following DoD policies:

1. Each child with an educational disability who lives overseas and who is eligible to attend the DoDDS on a space-required basis shall be entitled to receive a free appropriate public education, including special education and related services of a medical and non-medical nature (DoD Instruction 1342.12, reference (b)).

2. Sponsors of children with educational disabilities may not be adversely affected by denying them career enhancing overseas duty assignments. Their families shall receive the same consideration for family travel to an overseas duty location to which family travel is authorized as do families without an educationally disabled member (Secretary of Defense Memorandum, (reference (i))).

3. When consistent with the needs of the Military Department and the career progression of the Service member, military sponsors of children with educational disabilities shall be assigned within the sponsor's own Military Department's area of geographic responsibility for the provision of medically related services (the ASD(HA) Memorandum, reference (e)), as amended by the

ASD(HA) Memorandum (reference (f))).

4. The lack of special education resources (including medically and non-medically related services) is not a basis for the denial of command-sponsored travel (Secretary of Defense Memorandum, reference (i)). Similarly, the failure to pinpoint an assignment of a sponsor is never a basis to deny the sponsor's school-aged family member the special education or related services required by an IEP or an evaluation required by DoD Instruction 1342.12 (reference (b)).

5. This Regulation does not create any rights or remedies and may not be relied on by any person, organization, or other entity to allege a denial of any rights or remedies.

C. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Force Management and Personnel) shall:

a. In coordination with the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) and the General Counsel of the Department of Defense (GC, DoD), ensure compliance with the policy and procedures of this Regulation through regular monitoring.

b. Resolve disputes between or among the DoD components on the implementation of this Regulation, in coordination with the GC, DoD and the ASD (HA), under the procedures in Chapter 6 of this Regulation.

c. Convene a meeting at least twice yearly on assignment coordination. Participants shall include representatives from the Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)); the ASD(HA); the GC, DoD; the Military Departments; the DoDDS; and the Coast Guard, on its request. A report of this meeting shall be prepared for the DoD Coordinating Committee on Special Education and Related Services.

2. The Assistant Secretary of Defense (Health Affairs), in coordination with the ASD(FM&P) and the GC, DoD and in consultation with the Surgeons General of the Military Departments, shall:

a. Ensure that information on medically related services essential to assignment coordination is provided to personnel who are responsible for the assignment of sponsors with family members who are or are likely to be educationally disabled under DoD Instruction 1342.12 (reference (b)).

b. Provide technical assistance and guidance on medical aspects of this Regulation.

3. The General Counsel of the Department of Defense shall provide legal

advice on the implementation of this Regulation.

4. The Secretaries of the Military Departments shall:

a. Ensure that, when consistent with the needs of the Military Department and the career progression of the Service member, military sponsors of children with educational disabilities are assigned to pinpoint locations, as described in Chapters 3 and 4 of this Regulation. Procedures for civilian personnel are in Chapter 5 of this Regulation.

b. Under a schedule established by the ASD(FM&P), provide training on this Regulation to medical, assignment, line, and legal personnel in the Military Services (and the Coast Guard, on its request).

c. Provide adequate resources to implement this Regulation effectively.

5. The Surgeons General of the Military Departments shall:

a. Ensure that screening and evaluations of children, as directed by Chapter 2, are timely and accurate.

b. Designate a medical authority to review and annotate the medical (Appendix A) and educational information (Appendix B), as required by this Regulation (Chapter 2).

c. Ensure that the information provided to the DoDDS and the receiving medical command is in accordance with guidance in DoD Instruction 1010.13 (reference (c)) and this Regulation.

d. Coordinate with the DoDDS to identify staffing needs (Appendix C).

e. Designate, and update as necessary, a point-of-contact (POC) in each overseas geographic region for notification of the assignment of a sponsor who has a child with an educational disability (Appendix D).

6. The Director of the Department of Defense Dependents Schools shall:

a. Once a year, advise each Military Service of projected student enrollment and current and projected staffing clusters in each community with a DoDDS school, using the definitions in Appendix C.

b. Designate, and update as necessary, a POC in each DoDDS region to receive notification of the prospective assignment of a sponsor who has a child with an educational disability (Appendix E).

D. PROCEDURES

A set of flow charts outlining the major steps in the assignment process under this Regulation is attached at Appendix F. The flow charts are provided as a general overview only. Readers should rely on the remainder of this Regulation for specific guidance and not on the flow charts.

CHAPTER 2

PROCEDURES FOR SCREENING AND

EVALUATING CHILDREN OF MILITARY SPONSORS

A. SCREENING

Each Military Department shall develop procedures to screen school-aged family members of sponsors nominated for assignment to overseas areas where family members are authorized. Every school-aged family member shall be screened before receiving authorization to travel at Government expense on a command sponsored overseas tour.

B. EVALUATIONS

1. Evaluations shall take place after screening has identified a child as possibly requiring special education. Medical, developmental, psychological, and educational assessments may be necessary to confirm, then thoroughly to define, the child's educational needs. Evaluations shall take place in CONUS and shall be sufficiently detailed to determine staffing clusters required to serve the student with an educational disability (Appendices A and B).

2. In many instances, children identified through screening are already receiving special education and a complete record will be available, including medical and educational evaluations. If this record accurately describes the child's current status and is no older than 1 year, a second evaluation need not take place.

3. When a child is confirmed to be receiving special educational services, or is likely to require special education during the overseas tour of the sponsor, the sponsor's Military Department shall gather medical and educational data that specifically describe the condition that results, or may result, in the need for special education.

a. The medical data shall be gathered from the child's primary care physician or other designated medical professional. The specific medical information to be gathered is listed in Appendix A.

b. When possible, the educational data shall be gathered from the school system currently serving the child. The specific educational information to be gathered is listed in Appendix B.

c. The medical and educational information shall be reviewed by a designated medical authority in the sponsor's Military Department to ensure that it is complete and internally consistent. The medical authority shall specify the

staffing cluster most likely required to evaluate and serve the child in an educational setting. (Appendix C.)

d. The designation of a staffing cluster does not constitute a determination of eligibility for special education and related services and is not a prerequisite to (nor is it a substitute for) developing an IEP or otherwise complying with DoD Instruction 1342.12 (reference (b)).

4. The medical personnel concerned shall transmit medical and educational information and the staffing cluster recommendation, in accordance with DoD Directive 5400.11 (reference (j)), through appropriate channels to the assignment branch of the sponsor's Military Department.

5. The medical personnel concerned shall place the medical and educational information in the child's outpatient treatment record.

CHAPTER 3

PROCEDURES FOR INTRA-MILITARY DEPARTMENT

ASSIGNMENT OF MILITARY SPONSORS

A. INITIATING ASSIGNMENTS

Each Military Service shall:

1. Develop procedures to screen and, if necessary, evaluate school-age family members within 12 months before the sponsor's reporting date to the overseas location.
2. Develop procedures to make assignments to pinpoint locations; i.e., procedures for assignment personnel to consider the staffing cluster recommendation and the projected need for special education and medically related services in choosing an overseas duty station location for the sponsor.
3. Develop procedures so that command-sponsored travel to overseas locations shall not be provided to a school-aged family member until the results of screening, evaluation, and any requirement for assignment to a pinpoint location (if necessary) are known.

B. CONSUMMATING ASSIGNMENTS

1. Sponsors identified as having children with educational disabilities shall be assigned to overseas locations based on two factors:
 - a. The first priority is an assignment to a duty station with a valid requirement for the sponsor's military occupational specialty and grade.
 - b. The secondary consideration is that, if possible, the assignment be made to a location with the specific staffing cluster and available or readily obtainable medically related services that are likely to be required by the child.
2. If there is no adverse impact on the military mission or on the career of the Service member, a Service member may be removed from overseas orders if no suitable overseas assignment location can be found.
3. Nothing in this Regulation precludes a Service from coordinating to determine the best pinpoint location from two or more such locations within that Service's area of geographic responsibility under references f and g.

C. OVERSEAS NOTIFICATION

1. The Military Service assigning the sponsor shall ensure that the designated POCs for the responsible DoDDS region and the responsible military medical command are each provided, expeditiously, the following information when the final assignment selection is made:
 - a. Name and social security number (SSN) of sponsor.
 - b. Name and age of child.
 - c. Projected assignment location and date of arrival.
 - d. Medical and educational data (Appendices A and B).
 - e. Recommendation for staffing clusters.
2. Only a case study committee (CSC) may perform the following responsibilities:
 - a. Determine eligibility for special education (including related services).
 - b. Develop an IEP.
 - c. Determine the special educational placement of a child with an educational disability (DoD Instruction 1342.12, enclosure 3 (reference (b))).

CHAPTER 4

PROCEDURES FOR INTER-MILITARY DEPARTMENT

ASSIGNMENTS OF MILITARY SPONSORS

A. PROCEDURES

1. Sponsors of children with educational disabilities shall not ordinarily be assigned outside their own Military Department's area of geographic responsibility for providing medically related services under the ASD(HA) Memoranda (references (e) and (f)) (Appendix D).

2. If, because of the unique nature of the sponsor's military occupational specialty, there is no chance of a match in his or her own Military Department's region of responsibility overseas, the assignment manager shall do the following:

a. Choose a location in another Military Department's region of responsibility at which the military occupational specialty of the sponsor is a valid requirement and at which the staffing cluster and medically related services required by the child are available (i.e., a pinpoint location).

b. Notify by transmitting expeditiously the information in Chapter 3, Section C, to the appropriate medical and the DoDDS POCs.

3. If there is no suitable pinpoint location available, coordinate directly with the DoDDS and the medical department POC to designate an assignment to a location where the DoDDS and the responsible military medical department can arrange for appropriate services.

B. RECORDS

1. Records shall be maintained for 1 year by the Military Department that made the assignment. These records shall document the following information on each assignment made under this Regulation in which a sponsor of a child who is or may be educationally disabled is assigned to another Military Department's area of geographic responsibility:

a. Name, SSN, grade, and military occupational specialty of the sponsor.

b. Medical and educational information (Appendices A and B).

c. Staffing cluster recommendation.

d. Reason why the sponsor could not be assigned in the area of geographic responsibility of the sponsor's Military Department.

e. Eventual choice of assignment.

f. Summary of coordination, if an assignment to a pinpoint location was not available.

2. The Coast Guard shall document all Coast Guard assignments made under this Regulation.

3. Each Service will provide a report on September 1 of each year to ASD(FM&P) and ASD(HA) that summarizes the above information on intermilitary department assignments. This annual reporting requirement has been assigned Report Control Symbol DD-FM&P(A)1892.

CHAPTER 5

PROCEDURES FOR THE OVERSEAS ASSIGNMENT OF EMPLOYEES

A. PROTECTION OF THE RIGHTS OF THE EMPLOYEE

1. The DoD Components must select employees for specific overseas locations based on the job requirements and merit factors under 5, U.S.C. (reference (k)). The selection must not be based on the educational needs of an employee's children.

2. Emphasis shall be placed on providing each civilian selectee with comprehensive information on the overseas community in which the vacant position is located, so that the selectee may make an informed choice about accepting the position.

a. The information shall cover medical care available in the local military medical treatment facility(ies) and in the host community, a description of the local DoDDS school facility(ies) and programs, and the presence or absence of specific established programs for children with educational disabilities, and also may include data about weather conditions, recreational and cultural activities, travel, and shopping.

b. The information must include the following statement:
"If an employee brings a child into an overseas location and that child is entitled under DoD Directive 1342.13 to attend the DoDDS on a space-required basis, the DoDDS and the responsible Military Department shall ensure that the child, if eligible for special education under DoD Instruction 1342.12, receives a free appropriate public education, to include special education and necessary related services of a medical and non-medical nature."

B. OBTAINING INFORMATION ON AN EMPLOYEE'S CHILD WITH A DISABILITY

1. The children of a civilian selectee for an overseas position shall be screened for the presence of disabilities immediately AFTER the selectee has been notified of his or her selection. A questionnaire or interview administered by the local civilian personnel office may be utilized for screening.

2. If screening discloses a possible disability, the medical and educational information (Appendices A and B) shall be obtained.

C. NOTIFICATION OF DoDDS POC

1. The local civilian personnel office will forward the following information to the appropriate DoDDS POC in the geographic area concerned (see Appendix E) by the fastest available method:

- a. Name and SSN of civilian sponsor.
- b. Name and age of child.
- c. Projected assignment location and projected arrival date.
- d. Medical (Appendix A) and educational (Appendix B) information .

2. The DoDDS POC shall immediately share the information with the receiving medical command.

D. ALTERNATIVE JOB OFFERS

1. When feasible, alternative positions providing equal career enhancement and pay may be offered to a civilian, if it is known that the projected location currently lacks adequate resources to serve the special educational requirements of the civilian's child with an educational disability.

2. An employee or prospective employee may not be subjected to coercion or any other form of pressure to decline a job offer because such civilian has a child with a disability.

3. Even if no suitable location matching the position requirement and the child's needs can be found, the employee or prospective employee has the right to elect to serve the overseas tour accompanied by his or her child (if the assignment is otherwise command-sponsored). In these circumstances, the DoDDS and the receiving Military Department are required to provide that child with necessary evaluations and the special education and related services (medical and nonmedical) stipulated in his or her IEP, expeditiously, regardless of cost.

CHAPTER 6

PROCEDURES FOR CORRECTING FAILURES

TO FOLLOW THIS REGULATION

A. NOTIFICATION

If the sending Military Department making the assignment fails to follow the procedures of this Regulation, the following shall occur:

1. The DoDDS and the Military Department responsible for providing medically related services in the geographic area assigned under the ASD(HA) Memoranda (references (e) and (f)) (the "receiving Military Department") shall immediately notify the sending Military Department of the error.

2. Simultaneously, the DoDDS and the receiving Military Department shall begin preparing and implementing an IEP for the student.

B. REIMBURSEMENT

1. The DoDDS may request reimbursement from the sending Military Department for any extraordinary expenses involved in the delivery of the child's special education. The sending Military Department shall honor such a request.

2. The receiving Military Department may require reimbursement from the sending Military Department for the cost of delivery of medically related services. Alternately, the receiving Military Department may require the sending Military Department to provide those services.

C. RESOLUTION OF DISAGREEMENTS

1. Disagreements between or among the DoD Components on the implementation of this Regulation shall be resolved by the ASD (FM&P), in coordination with the ASD(HA) and the GC, DoD.

2. If the receiving Military Department believes that the sending Military Department has (a) not used its best efforts to make the assignment to a pinpoint location within its own geographic areas of responsibility; (b) has not used its best efforts to make the assignment to a pinpoint location in the receiving Military Department's geographic areas of responsibility; or (c) has failed to notify the POCs of the receiving Military Department or DoDDS, the receiving Military Department shall so inform the sending Military Department in writing, specifying the reasons for that belief. If the two Military Departments are unable to resolve this dispute, the receiving Military Department shall forward all pertinent documents, including those required in this paragraph, to the ASD(FM&P). That

official shall provide copies to the ASD(HA) and the GC, DoD.

3. Until a dispute has been decided, the receiving Military Department shall provide the medically related services in question. If the OSD concludes that the sending Military Department has failed to use its best efforts to pinpoint the assignment or to notify the POCs of the receiving Military Department or DoDDS, the sending Military Department shall be fully responsible for furnishing the medically related services and shall reimburse the receiving Military Department for the cost of the services that already have been provided.

APPENDIX A

MEDICAL INFORMATION REQUIRED

Medical Information Required:

A. SPONSOR INFORMATION:

1. Name
2. Military Department affiliation
3. Rank or grade
4. Sponsor's occupational skill specialty
5. SSN
6. Home address and phone number
7. Duty address and phone number
8. Projected date and location of next assignment (if known)

B. FAMILY MEMBER INFORMATION:

1. Name
2. Sex
3. Date of birth
4. Family member prefix
5. Diagnoses, severity, and projected frequency of inpatient and outpatient care required for each diagnoses
6. Artificial openings (such as gastrostomy or cerebrospinal fluid shunt)
7. Medication required (including chemotherapy, radiation therapy, and blood products)
8. History of cancer or leukemia and prognosis for disease-free survival
9. History of inpatient psychiatric care

10. Consideration of architectural barriers

11. Services required:

- a. Cognitive enrichment program
- b. Social work services
- c. Community health nursing services
- d. Apnea monitor home program
- e. Program for visually impaired
- f. Occupational therapy
- g. Program for oral motor therapy
- h. Physical therapy
- i. Speech-language therapy
- j. Services for hearing impaired
- k. Community mental health services
- l. Audiology services
- m. High risk newborn followup services

12. Adaptive equipment needs

13. Physician care providers needed and anticipated frequency of appointments

14. Treatment planned

APPENDIX B

EDUCATIONAL INFORMATION REQUIRED

A. SPONSOR INFORMATION:

1. Name
2. Military Department affiliation
3. Rank or grade
4. Sponsor's occupational skill specialty
5. SSN
6. Home address and phone number
7. Duty address and phone number
8. Projected date and location of next assignment (if known)

B. FAMILY MEMBER INFORMATION:

1. Name
2. Sex
3. Date of birth
4. Family member prefix
5. Under what criteria is this child receiving special education? (i.e., use diagnostic criteria in State or Federal regulations, or DoD Instruction 1342.12 (reference (b))).
6. Present level of performance in the areas of self-help, gross motor, fine motor, social, cognitive, expressive language, receptive language, reading, and math.
7. Related services required, including duration of contact, frequency of contact, and type of service (monitoring, consultation, and direct), as follows:
 - a. Audiology
 - b. Counseling
 - c. Occupational therapy

- d. Psychological services
- e. Physical therapy
- f. Therapeutic recreation
- g. School health services
- h. Social work services
- i. Speech therapy

- 8. Is student receiving adaptive physical education?
- 9. Is student receiving recreational therapy services?
- 10. Does student require special transportation?
- 11. What percentage of time is the child in special education classes or a resource room?
- 12. Does the child require wheelchair accessibility in the school building?
- 13. Does the student require residential treatment in order to benefit from his and/or her educational program? If yes, what is the program?
- 14. Describe current classroom placement, if such information is available.

APPENDIX C

STAFFING CLUSTERS

A. LIMITATIONS ON USE

1. The definitions in sections A. and B., below, are designated for the use of military medical departments to provide recommendations to personnel offices and for the civilian personnel offices to use in providing information to employees.

2. Recommendations for staffing clusters should be made only by knowledgeable medical personnel. Use of terminology and criteria for decision making should be coordinated annually with the ASD(FM&P) and the ASD(HA).

3. Staffing recommendations do not imply that the DoDDS or the medical department are required to provide a specific special educational program for a child with an educational disability or that such a program is even appropriate. The DoDDS CSC shall determine the eligibility for special education, the IEP, and the special education placement for each child based on the current educational needs of the child.

B. HOW TO MAKE STAFFING CLUSTER RECOMMENDATIONS

1. Military medical personnel shall review the medical and educational information for each school-aged family member of a military sponsor and offer an initial recommendation on the staffing cluster(s) that best describe(s) the staffing pattern needed to evaluate and serve the child in a special education setting.

2. The medical personnel shall forward the staffing cluster code to the sponsor's assignment manager.

C. STAFFING CLUSTER DEFINITIONS

1. Staff Available to Serve Children Aged 3 to 5 Years

a. Not all children served domestically shall be eligible for, or have access to, similar programs overseas. Military medical personnel shall determine which staffing cluster would be required to provide the services the child needs. Assignment managers shall consider this need in their decision to assign the sponsor to an overseas tour of duty.

b. Staff to Serve Preschool Students

(1) P1 Staff are available to evaluate and provide services to mildly delayed children who require an emphasis on early childhood education.

(Medically related services are not routinely available, but consultation is available on an itinerant basis.)

(2) **P2** Staff are available to evaluate and provide services to children with moderate developmental delays. Staff provide for enhancement in speech and/or language, social, cognitive, and motor skills. (Medically related services are routinely available.)

(3) **P3** Staff are available to evaluate and serve children with severe multiple developmental and medical needs. (Intensive medically related services and medical services are routinely available.)

(4) **P4** Staff are available to evaluate and provide services for children who are hearing impaired. (Medically related services are routinely available.)

(5) **P5** Staff are available to evaluate and provide services for children who are visually impaired. (Medically related services are routinely available.)

(6) **P6** Staff are available to evaluate and provide services for children who have a diagnosis of autism, pervasive developmental delay, or similar severe communication deficit. (Medically related services are routinely available.)

2. Staff Available to Serve Students Aged 5 to 21 Years of Age on a Space-Required Basis

a. Staff to Serve Hearing Impaired Students

(1) **H1** Staff are available to provide consultation for hearing impaired students who can be mainstreamed into the regular classroom. Minor environmental modifications and some special materials are available.

(2) **H2** Staff include a specially trained teacher of the hearing impaired who provides resource room instruction with regular classroom support services for mainstreamed hearing impaired students. These students typically require vocabulary and/or language development, speech reading, amplification, auditory training, preferential seating, and visual reinforcement of information presented orally.

(3) **H3** Besides staffing in H2, as in subparagraph C.2.a.(2). above, staff are available to provide training to develop total communication skills, and interpreter services.

(4) **H4** Staff and space are available to provide a self-contained environment for educational instruction because severe hearing loss requires total communication, auditory training, and/or amplification which cannot be provided effectively in the regular classroom.

b. Staff to Serve Visually Impaired Students

(1) **V1** Staff are available to provide consultation or itinerant services to visually impaired students who can be mainstreamed into regular classrooms. Low vision, and fully proficient and independent Braille readers may be served. Equipment for providing magnification, high-contrast, and/or large print, and environmental modifications for light control and/or preferential seating shall be available.

(2) **V2** Staff are available to provide resource room instruction for students who have low vision and students who have progressive visual disorders in need of pre-Braille and/or Braille instruction as well as classroom support services.

(3) **V3** Staff are available to provide V2-level of services, as in subparagraph C.2.b.(2), above, as well as orientation and mobility training (i.e., cane or guide dog).

c. Staff and Equipment Available for Orthopedically Impaired Students

(1) **01** Classrooms and building are fitted so as to provide a physically accessible regular classroom with simple modified equipment (e.g., wheelchair table). Special transportation is available. No special staff are available.

(2) **02** Classrooms and building are fitted so as to provide a physically accessible environment. Equipment and staff available to evaluate the student's need for sophisticated adaptive equipment or educational aides. Recommendations for specialized instructional materials and adaptive equipment can be readily implemented. Special transportation is available.

d. Staff to Serve Other Health Impaired Students

(1) **M1** The DoDDS staff are available to assess and to serve the needs of health impaired students. (Inpatient and outpatient pediatric care, including nursing support, laboratory, and pharmacy are available at the military medical treatment facility to serve chronically ill children.) **Children who are chronically ill also should have their need for medical care coordinated with the overseas medical command on a case-by-case basis.**

(2) **M2** The DoDDS staff are available to serve children with a diagnosis of autism, pervasive developmental delay, or with many behavioral features of autism. Class size is small, emphasis is on development of communication skills and promoting activities of daily living.

e. Staff to Serve Emotionally Impaired Students

(1) **B1** The DoDDS (and medically related service) staff are available to

provide consultation or itinerant services to the child who is in the regular classroom.

(2) **B2** The DoDDS (and medically related service) staff are available to provide more intensive teaching, behavior modification, and counseling to the student for up to 20 percent of the school day.

(3) **B3** Staff are available as in B2 (subparagraph C.2.e.(2), above). The child can be served in a specialized environment for up to 60 percent of the school day.

(4) **B4** Staff are available as in B2 (subparagraph C.2.e.(2), above). The child can be served in a specialized environment for up to 100 percent of the school day. Additional individualized supervision is available in the school building.

f. Staff to Serve Communication Impaired Students

(1) **C1** The DoDDS staff are available to provide consultation and itinerant services to communication impaired children who receive instruction primarily in regular classrooms.

(2) **C2** The DoDDS staff are available to provide support by a teacher of the communication impaired to the student for up to 20 percent of the school day.

(3) **C3** The DoDDS staff are available to provide support by a teacher of the communication impaired to the student for up to 60 percent of the school day.

(4) **C4** Staff are available as in C3 (subparagraph C.2.f.(3), above), child can be served in a specialized environment for up to 100 percent of the school day. Alternatives to oral communication such as total communication can be utilized.

g. Staff to Serve Learning Impaired Students

(1) **L1** The DoDDS staff are available to provide consultation, support, and itinerant services to learning impaired students who are in regular classrooms for the majority of their school day and who require special education for less than 20 percent of the school day. (Medically related services may be available only on a consultation basis.)

(2) **L2** The DoDDS staff are available to provide individualized instruction to learning impaired students who require 21 to 60 percent of their academic subjects to be taught in a small group by a special education teacher. Consultation and support is provided to the regular classroom teacher. (Medically related services are routinely available.)

(3) **L3** The DoDDS staff are available to provide evaluation and education for children who are moderately learning impaired and who are educable in

a program that can provide up to 100 percent of the school day in a specialized teaching environment. (Medically related services, pre-vocational, and vocational programs are readily available.)

(4) **L4** The DoDDS staff are available to provide evaluation and training in activities of daily living for children who are severely learning impaired who require a specialized environment for up to 100 percent of the school day. (Medically related services, pre-vocational, and vocational programs are readily available.)

(5) **L5** The DoDDS staff are available to provide evaluation and training in life skills and activities of daily living for children with severe multiple disabilities. (Medically related services and medical care for chronically ill or medically fragile children are routinely available.) Children who are chronically ill also should have their need for medical care coordinated with the overseas medical command on a case-by-case basis.

APPENDIX D

AREAS OF RESPONSIBILITY FOR MEDICALLY RELATED SERVICES AND THE POCS

The areas of geographic responsibility for the provision of medically related services were defined in the ASD(HA) Memorandum (reference (e)), as amended by the ASD(HA) Memorandum (reference (f)). The primary POC is listed for each Military Service.

A. ARMY

1. Areas of Responsibility

- a. West Pacific (Korea).
- b. Central America (Panama).
- c. Northern and Central Europe (Belgium, Netherlands, and Federal Republic of Germany, excludes Bitburg, Hahn, and Wiesbaden catchment areas).
- d. Northern Italy (Aviano, Rimini, Verona, and Vicenza catchment areas only).
- e. Embassies in countries in paragraphs A.1.a. through A.1.d., above, as well as embassies in Latin America and China.

2. POC

Commander
PERSCOM
TAPC-EPO-E
2461 Eisenhower Avenue
Alexandria, VA 22331

Telephone
Commercial: (703) 325-4817
Autovon: 221-4817 or 221-4798
FAX: 221-9666 (or commercial: (703) 325-9666)

B. AIR FORCE

1. Areas of Responsibility

- a. Northern Europe (United Kingdom (England, Scotland, and Wales), Iceland and Norway).
- b. Germany (includes only Bitburg, Hahn, and Wiesbaden catchment areas).
- c. Southern Mediterranean Basin (Spain, Saudi Arabia, Greece, Crete, Turkey, Portugal, and Italy, with the exception of Aviano, Rimini, Verona, and

Vicenza catchment areas).

d. Azores.

e. Bahrain.

f. West Pacific (Philippines).

g. Embassies in countries listed in paragraphs B.1.a. through B.1.f., above, as well as embassies in Denmark, Finland, Sweden, France, Switzerland, Austria, Iran, the Union of Soviet Socialist Republics, Southeast and West Asia, Africa, and Pacific.

2. POC

HQ AFMPC/DPMRPH1

Randolph AFB, TX 78150-6001

Telephone

Commercial: (512) 652-5931

Autovon: 487-5931 or 487-2764

FAX: 487-5974 (or commercial: (512) 652-5974)

C. NAVY

1. Areas of Responsibility

a. Caribbean region (Bermuda, Cuba, and West Indies (Antigua)).

b. New Zealand.*

c. Newfoundland, Canada.

d. Diego Garcia.*

e. Australia.*

f. West Pacific (Japan mainland), and Okinawa.

g. Embassies in the countries (listed in paragraphs C.1.a. through C.1.f., above.)

2. POC

Bureau of Medicine and Surgery (BUMED-3B43)

Department of the Navy

Washington, DC 20372-5120

Telephone

Commercial: (202) 653-0460 or 653-0373

Autovon: 294-0460 or 294-0373

Fax: (202) 653-0899

*No DoDDS Schools in Diego Garcia, Australia, or New Zealand

APPENDIX E

DODDS REGIONS AND THE POCS

WASHINGTON

Special Education Coordinator
DoD Dependents Schools
Office of Dependents Schools
2461 Eisenhower Avenue
Alexandria, VA 22331-1100

Autovon: 221-7810
Civilian: 1-703-325-7810

Facsimile: 1-703-325-8046
Message Address: DODDS WASH
DC/EDUC//

ATLANTIC REGION

Special Education Coordinator
DoDDS Atlantic Region
Unit 5790
APO AE 09471

Autovon: 235-4294
Civilian: 44-81-868-2017

Facsimile: 44-81-868-2324
Message Address: DODDS-A
LONDON UK

GERMANY REGION

Special Education Coordinator
DoDDS Germany Region
Unit 4475 Box 285
APO AE 09196

Autovon: 339-3670
Civilian: 49-611-88244

Facsimile: 49-611-810439
Message Address: DODDS-G
LINDSEY AS GE

MEDITERRANEAN REGION

Special Education Coordinator
DoDDS Mediterranean Region
APO AE 09641-0005

Autovon: 723-3364
Civilian: 34-1-665-3364

Facsimile: 34-1-676-8994
Message Address: DODDS-M
TORREJON AB SPAIN

PACIFIC REGION

Special Education Coordinator
DoDDS Pacific Region
Box 796
FPO AP 96372-0005

Autovon: 640-110-2267
Civilian: 81-098938-1111 request
(Zukeran: 635-2267)

Facsimile: 81-098876-4263
Message Address: DODDS-PA
FUTENMA JA

PANAMA REGION

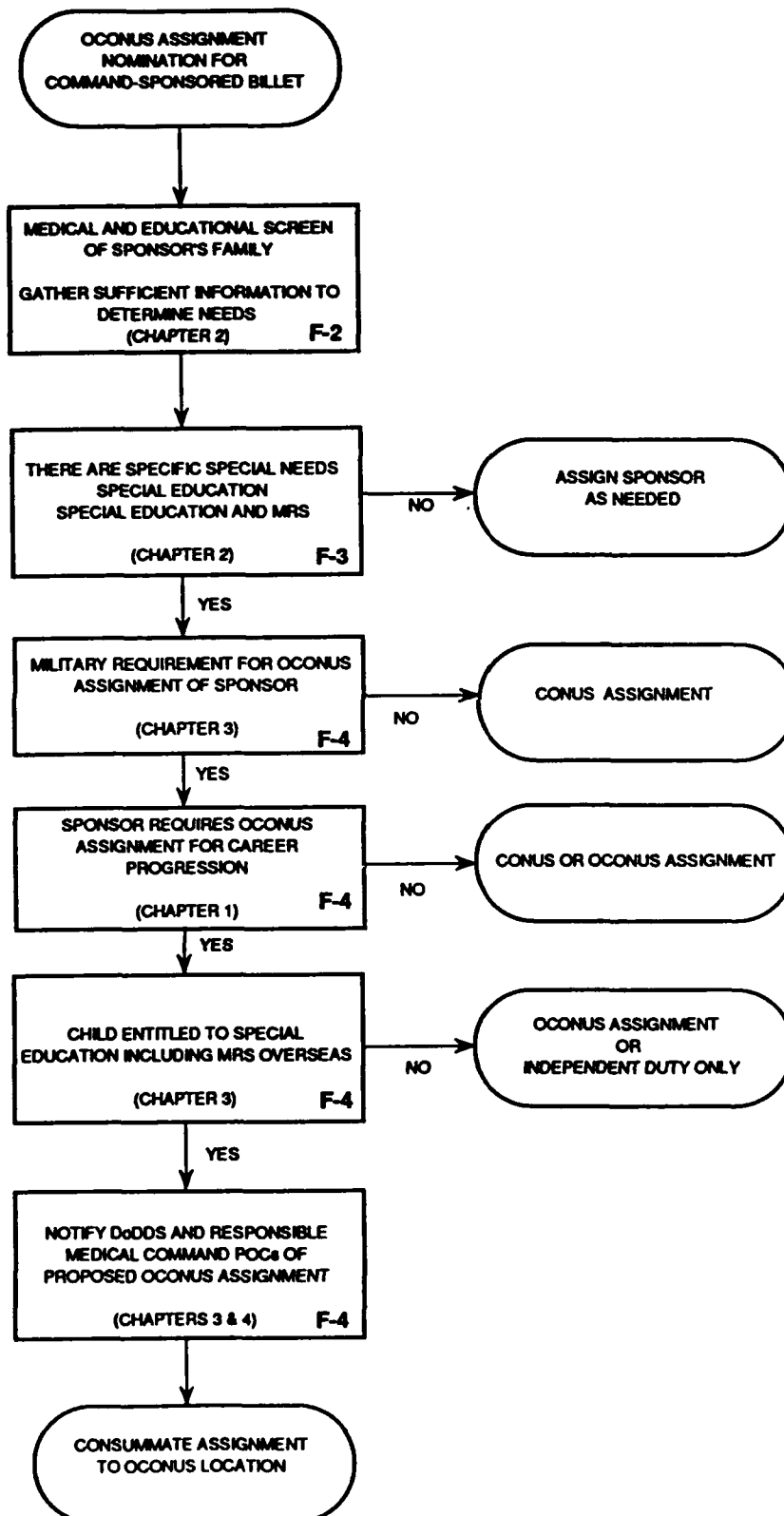
Special Education Coordinator
DoDDS Panama Region
Unit 0925
APO AA 34002

Autovon: 313-286-3966
Civilian: 507-86-3966

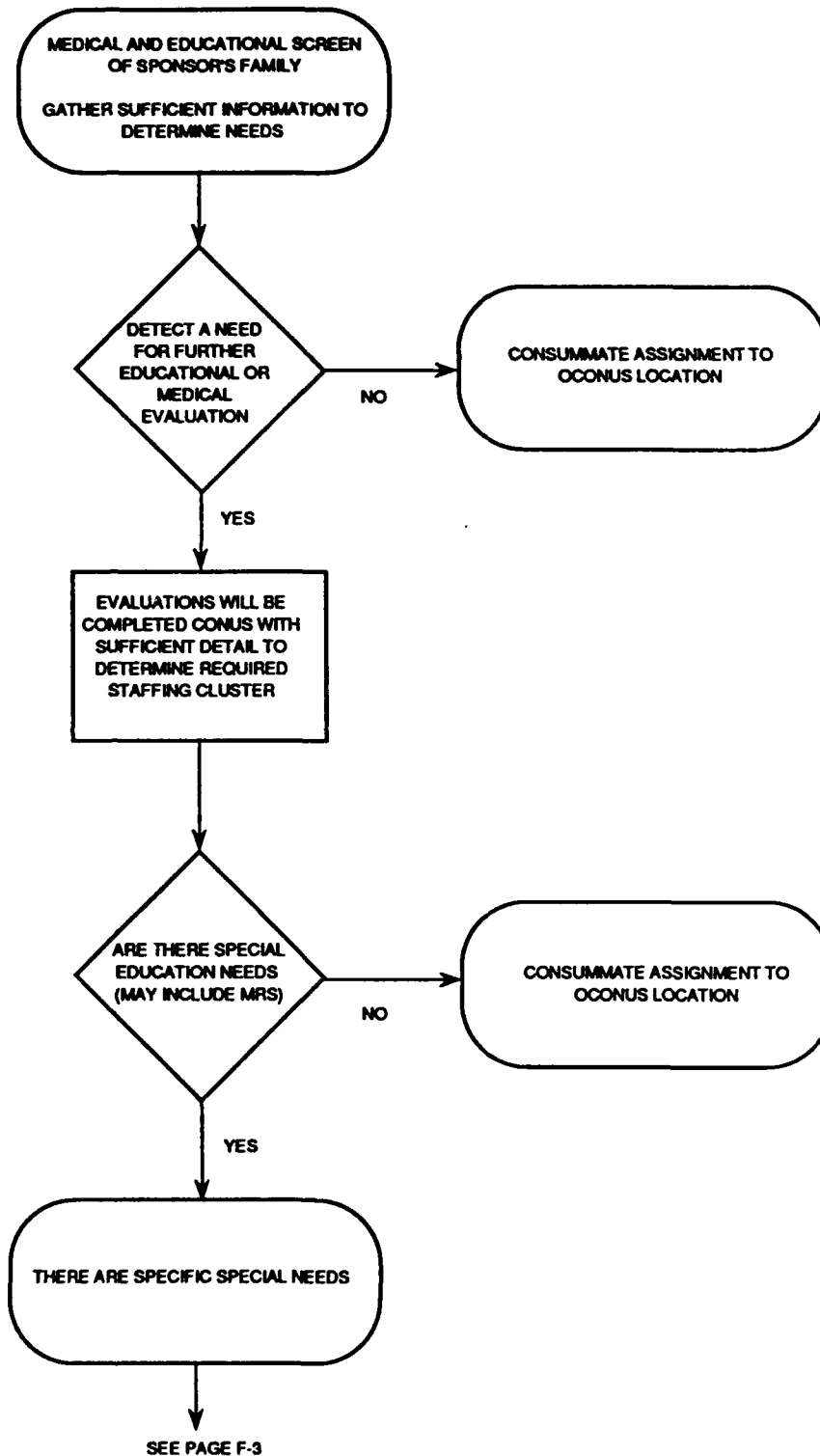
Facsimile: 507-86-3251
Message Address: DODDS-PN
ALBROOK AFS PM

APPENDIX F

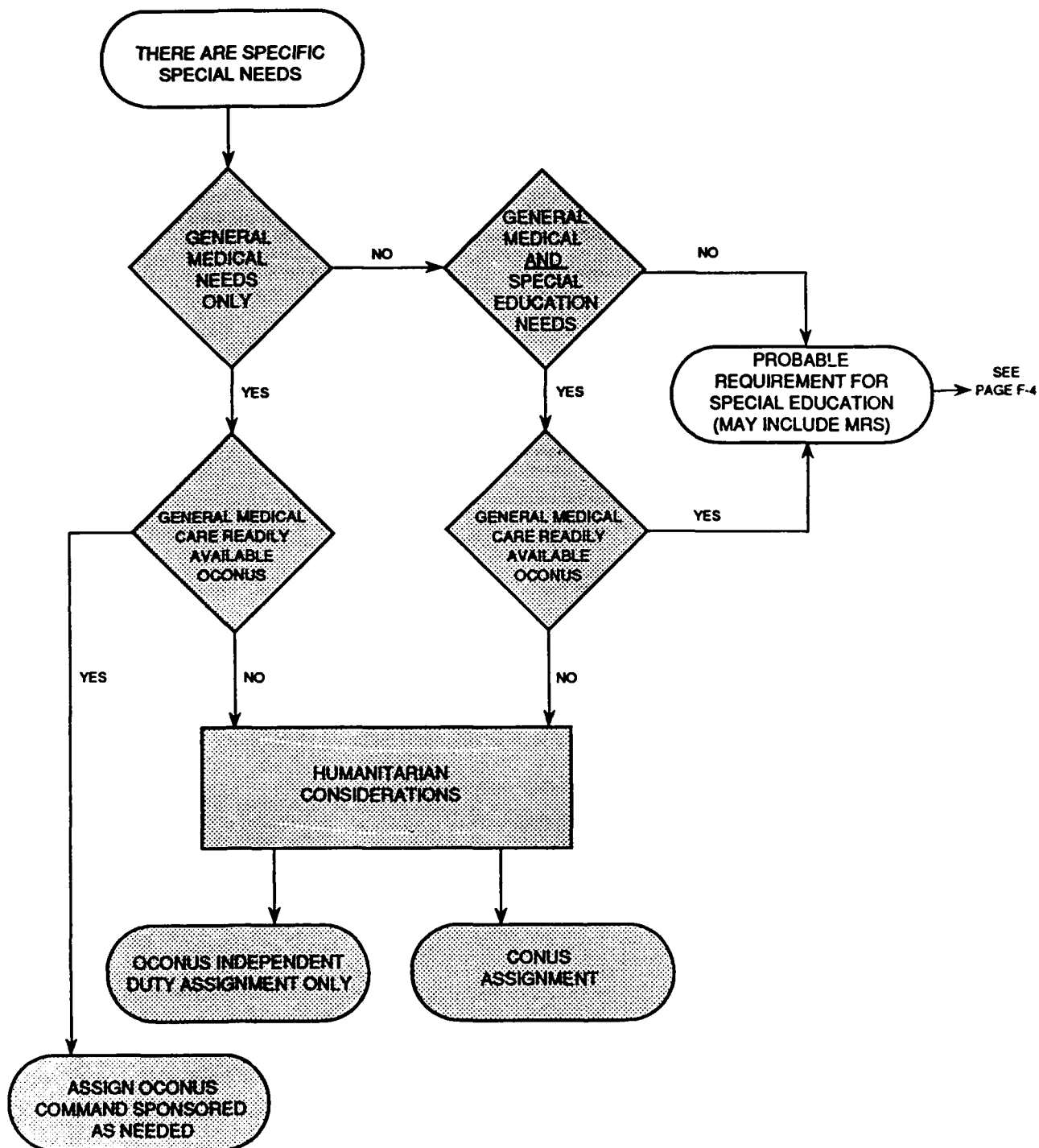
ASSIGNMENT OF MILITARY SPONSORS



SCREENING AND EVALUATION

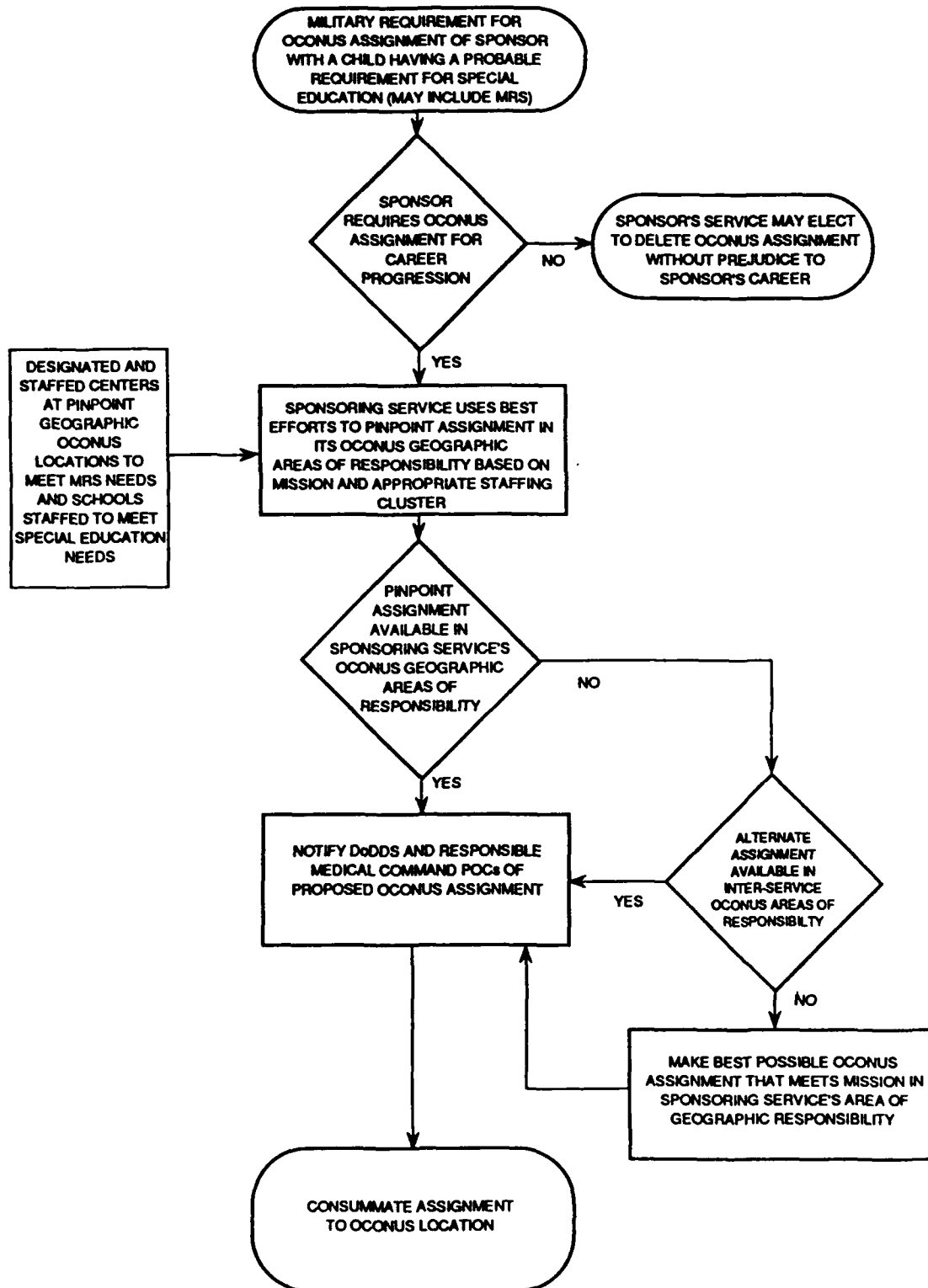


DETERMINING THE NECESSARY COORDINATION



SHADED AREAS ARE NOT ADDRESSED IN DOD INSTRUCTIONS 1342.12 AND 1010.13. THUS, SHADED AREAS ARE NOT COVERED BY DOD 1010.13-R AND ARE PROVIDED ONLY AS A GENERAL GUIDE TO BASIC APPROACHES TO THE ASSIGNMENT PROCESS THAT MAY BE FOLLOWED BY THE MILITARY SERVICES.

**ASSIGNMENTS OF MILITARY SPONSOR WITH A CHILD HAVING A PROBABLE
REQUIREMENT FOR SPECIAL EDUCATION (MAY INCLUDE MRS)**



RESOLUTION OF DISAGREEMENTS

